

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-018236
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 111

FILED MAY 1 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) SIKESTON		Length of stay in 1b 1 day	c. CITY OR TOWN SIKESTON Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. DELTA COMMUNITY HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 920 N. RANNEY Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) THOMAS LAWRENCE CHIDESTER		4. DATE OF DEATH Month 4 Day 21 Year 63	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-2-1911
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist		10b. KIND OF BUSINESS OR INDUSTRY Dentist	9. AGE (last birthday) 52 IF UNDER 1-YEAR Months 3 Days 19 Hours Min.
11a. BIRTHPLACE (City and state or country) Camden, Arkansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George W. Chidester		13b. MOTHER'S MAIDEN NAME Calven Brummitt	
14. NAME OF HUSBAND OR WIFE Geraldine Knowler Chidester		Address 920 N. Ranney	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW 11		16. SOCIAL SECURITY NO. 407	
17. INFORMANT Geraldine Knowler Chidester		Address Sikeston, Mo.	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA (C) Lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY. Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION SIKESTON MO		COUNTY _____ STATE _____	
21. I attended the deceased from 12/6/62 to 4-21-63 and last saw him alive on 4-21-63 Death occurred at 8:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE May A. Heeb MD (Degree or title)	
22b. ADDRESS SIKESTON MO		22c. DATE SIGNED 4/24/63 (Date)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-23-1963	
23c. NAME OF CEMETERY OR CREMATORY Garden of Memories		23d. LOCATION (City, town, or county) Sikeston, Missouri	
24. FUNERAL DIRECTOR Nunnelee Funeral Chapel, Sikeston, Mo.		25. DATE RECD. BY LOCAL REG. April 27-1963	
26. REGISTRAR'S SIGNATURE Jeanette Waldman			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 2 1963

JUN 6 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward E. Hume

Licensed Embalmer No. 4164

P. O. Address Liberty, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued April 22 - 1963